



Private Groups

Booking Form

PASSENGER 1

PASSENGER 2

Full name: <i>(as per passport)</i>	Title: _____ Surname: _____	Title: _____ Surname: _____
	First name (s): _____	First name (s): _____
	Middle name (s): _____	Middle name (s): _____
	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth: DD / MMM / YYYY	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth: DD / MMM / YYYY
Passport Details: <i>(as per passport)</i> <i>attach copy</i>	No: _____	No: _____
	Place of Issue: _____	Place of Issue: _____
	Date of Issue: DD / MMM / YYYY	Date of Issue: DD / MMM / YYYY
	Expiry Date: DD / MMM / YYYY <i>NB: Your passport must be valid for at least 6 months after your return date.</i>	Expiry Date: DD / MMM / YYYY <i>NB: Your passport must be valid for at least 6 months after your return date.</i>
Place of Birth: _____		
Nationality: _____		
Address: _____		
	City: _____ State: _____ P/Code: _____	City: _____ State: _____ P/Code: _____
	Country: _____	Country: _____
Contact email: _____		
Travelling email: _____		
Contact Phone no: _____		
Medical conditions:	Y: <input type="checkbox"/> N: <input type="checkbox"/>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
	<i>If yes, please specify:</i>	<i>If yes, please specify:</i>
Dietary requirements: _____		
Room Type:	Single: <input type="checkbox"/>	Single: <input type="checkbox"/>
	Twin share: <input type="checkbox"/> Sharing with: _____	Twin share: <input type="checkbox"/> Sharing with: _____
	Double share: <input type="checkbox"/> Sharing with: _____	Double share: <input type="checkbox"/> Sharing with: _____

Emergency contact:	Name: _____	Name: _____
	Telephone: _____	Telephone: _____
	Mobile: _____	Mobile: _____

NB: Please ensure emergency contact details is of someone who is not travelling with you.